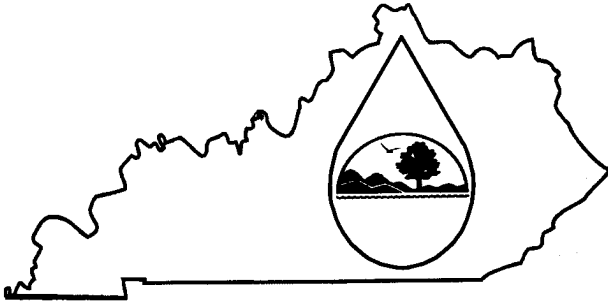


KPDES FORM 1

AI 1992

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.
Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE		0	0	2	9	4	5	9	
A. Name of business, municipality, company, etc. requesting permit Louisville & Jefferson County Metropolitan Sewer District											
B. Facility Name and Location						C. Facility Owner/Mailing Address					
Facility Location Name: Chenoweth Hills STP						Owner Name: Metropolitan Sewer District					
Facility Location Address (i.e. street, road, etc.): 4305 St. Rene Court						Mailing Street: 700 West Liberty Street					
Facility Location City, State, Zip Code: Louisville, Kentucky 40299						Mailing City, State, Zip Code: Louisville, Kentucky 40203					
						Telephone Number: (502) 564-6000					

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: Residential & Commercial Wastewater Treatment (non-industry); Publically owned treatment Works			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:		6552; Land Subdivision & Land Development	
Other SIC Codes:		4952; Sewage Treatment Fac.	

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Jefferson	City where facility is located (if applicable): Louisville
C. Body of water receiving discharge: Unnamed tributary at mile point 0.4 to unnamed tributary at mile point 0.5 to Chenoweth Run at mile point 3.4	
D. Facility Site Latitude (degrees, minutes, seconds): 38° 10' 46"	Facility Site Longitude (degrees, minutes, seconds): 85° 33' 31"
E. Method used to obtain latitude & longitude (see instructions): USGS Topographic Map	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input checked="" type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Mike Tuttle	Telephone Number: (502) 239-7695
Operator Mailing Address (Street): 8405 Cedar Creek Road	
Operator Mailing Address (City, State, Zip Code): Louisville, Kentucky 40291	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: III	Certification Number: 6682

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KY0029459	Issue Date of Current Permit: August 1, 2003	Expiration Date of Current Permit: February 29, 2008
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

VI. DISCHARGE MONITORING REPORTS (DMRs)	
KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.	
A. Name of department, office or official submitting DMRs:	Dennis Thomasson
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Cedar Creek Wastewater Plant
DMR Mailing Street:	8405 Cedar Creek Rd
DMR Mailing City, State, Zip Code:	Louisville, Kentucky 40211
DMR Official Telephone Number:	(502) 239-7695

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Filing Fee Enclosed:

Public Owned Treatment Works (No Fee Due)

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

TELEPHONE NUMBER (area code and number):

Herbert J. Schardein, Jr Executive Director

(502) 540-6000

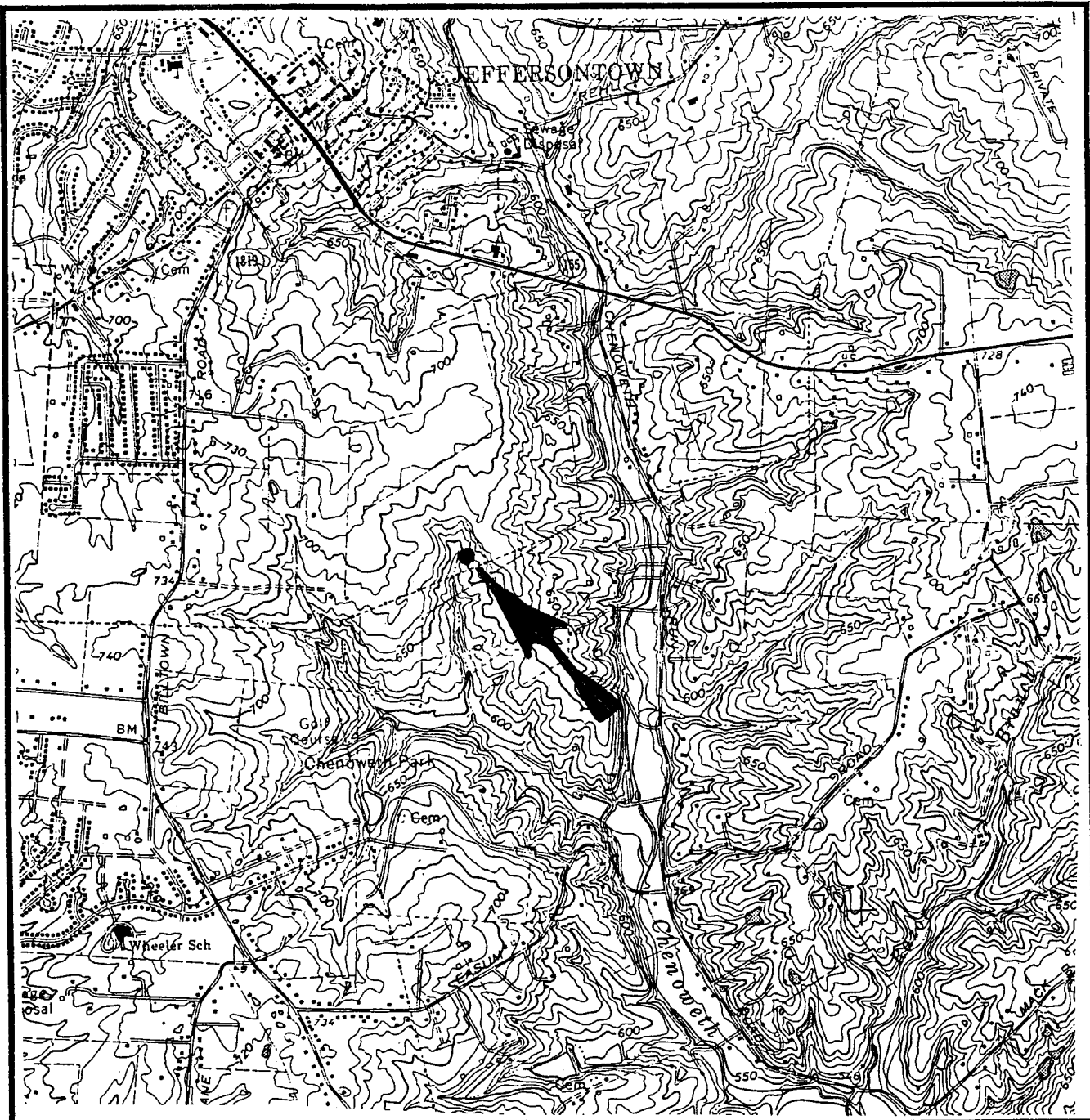
SIGNATURE

DATE:



08.23.07

for HJ Schardein, Jr.



JEFFERSONTOWN QUADRANGLE
KENTUCKY - JEFFERSON COUNTY
7.5 MINUTE SERIES (TOPOGRAPHIC)

NE/4 LOUISVILLE 15' QUADRANGLE

Chenoweth Hills STP
KY0029459

Louisville & Jefferson County
Metropolitan Sewer District
700 W. Liberty Street
Louisville, Kentucky 40203

LATITUDE

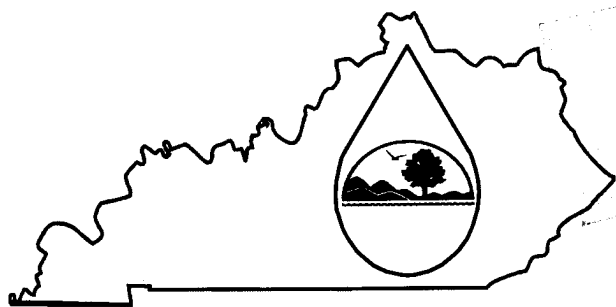
LONGITUDE

Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
38	10	46	85	33	31

KPDES FORM SC

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



AUG 29 2007

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Chenoweth Hills STP											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	2	9	4	5	7
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				7							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Residential Connections: 661 Commercial Connections: 1 Industrial Connections: 0											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:				0.200 MGD							

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	38	10	46	85	33	31	Unnamed tributary at mile 0.4 to unnamed tributary at mile 0.5 to Chenoweth Run at mile 3.4
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS topographic map			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sanitary Wastewater	0.233/0.200	Manual Bar Screen	1-T
		0.233/0.200	Activated Sludge	3-A
		0.233/0.200	Aerobic Digestion	5-A
		0.233/0.200	Disinfection Chlorine	2-F
		0.233/0.200	Dechlorination	2-E
		0.233/0.200	Discharge	4-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	N/A
<input type="checkbox"/>	Arsenic	N/A
<input type="checkbox"/>	Beryllium	N/A
<input type="checkbox"/>	Cadmium	N/A
<input type="checkbox"/>	Chromium	N/A

<input type="checkbox"/>	Copper	N/A
<input type="checkbox"/>	Lead	N/A
<input type="checkbox"/>	Mercury	N/A
<input type="checkbox"/>	Nickel	N/A
<input type="checkbox"/>	Selenium	N/A

<input type="checkbox"/>	Silver	N/A
<input type="checkbox"/>	Thallium	N/A
<input type="checkbox"/>	Zinc	N/A
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)
-----------------------------	---	--

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	0
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Residential Connections	661
Commercial Connections	1
Industrial Connections	0
TOTAL POPULATION SERVED	662 Connections

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS N/A		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS (Note NA listed below, testing for the pollutant(s) is not appropriate for effluent) Not required on last permit (DMR)			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅ (CBOD ₅)	20 mg/l	4.0 mg/l	186
TOTAL SUSPENDED SOLIDS	21 mg/l	6.48 mg/l	186
FECAL COLIFORM	74 (#/100 ml)	7.30 (#/100ml)	188
TOTAL RESIDUAL CHLORINE	<0.01 mg/l	Not required	80
OIL AND GREASE	NA	NA	
CHEMICAL OXYGEN DEMAND	NA	NA	
TOTAL ORGANIC CARBON	NA	NA	
AMMONIA	16.4 mg/l	1.23 mg/l	186
DISCHARGE FLOW	0.836 MGD	0.233 MGD	Continuous
PH	7.6 SU	6.4 SU (minimum)	80
TEMPERATURE (WINTER)	taken with pH not recorded	not required on DMRs	
TEMPERATURE (SUMMER)	taken with pH not recorded	not required on DMRs	

B. Frequency and duration of flow:	Continuous
------------------------------------	------------

XIII. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Herbert J. Schardein, Jr. Executive Director	(502) 540-6000
SIGNATURE	DATE

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

N/A

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

N/A

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅			
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
pH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Herbert J. Schardein, Jr. Executive Director

SIGNATURE

Herbert J. Schardein, Jr.
for HJ Schardein, Jr.

TELEPHONE NUMBER (area code and number):

(502) 540-6000

DATE

08.23.07

KPDES Permit Application Attachments

Chenoweth Hills KY0029459 REPORTED DISCHARGE AND EXISTING LIMITS SUMMARY

Description of Discharge - Outfall Number 001 - Wastewater Treatment Plant (Effluent Requirements)

<u>Effluent Characteristics</u>	<u>Reported Discharge</u>			<u>Existing Limits</u>		<u>Applicable Water Quality Criteria and/or Effluent Guidelines</u>
	<u>Average Annual Value</u>	<u>Lowest Monthly Value</u>	<u>Highest Monthly Value</u>	<u>Monthly Average</u>	<u>Weekly Average</u>	
Flow, MGD (Design Flow = 0.200 MGD)	0.233	0.054	0.836	Report	Report	401 KAR 5:065, Section 2(8)
CBOD ₅ (mg/l)	4.0	1	20	30	60	401 KAR 5:031, Section 4 401 KAR 5:045, Sections 3 and 5
TSS (mg/l)	6.48	1	21	30	60	401 KAR 5:045, Section 3
Fecal Coliform (#/100 ml)	7.30	1	74	200	400	401 KAR 5:031, Section 7 401 KAR 5:045, Section 4 401 KAR 5:080, Section 1(2)(c)2
Ammonia (as mg/l N),						
Summer	1.23	0.03	16.4	4	8	401 KAR 5:031, Section 4
Winter				10	20	
Dissolved Oxygen (mg/l)	N/R	7.0	N/R	Not less than 7		401 KAR 5:031, Section 4 401 KAR 5:045, Section 3
pH, standard units	N/R	6.4	7.6	6.0 (min)	9.0 (max)	401 KAR 5:031, Section 4 401 KAR 5:045, Section 3
Total Residual Chlorine, mg/l	N/R	N/R	<0.01	0.011	0.019*	401 KAR 5:031, Section 4
Total Phosphorus (as mg/l P)	3.11	0.88	5.74	Report	Report	401 KAR 5:065, Section 2(8)

Receiving Water Use Classification:

Chenoweth Run (Mile 0.0 - 5.2) is listed on Kentucky's 2006 Draft 303(d) list of impaired for partial support of aquatic life and non support for Primary Contact Recreation use. Pollutants of concern are Pathogens, and Nutrient/Eutrophication Biological Indicators. Sources are landfills; municipal (urbanized high density area); municipal point source discharges; package plant or other permitted small flows discharges; livestock (grazing or feeding operations); unspecified urban stormwater. Chenoweth Hills STP is meeting its KPDES permit requirements and should not contribute to additional degradation. MSD has identified a potential interceptor project (Billtown Road Interceptor Sanitary Sewer Project) that will eliminate the Chenoweth Hills wastewater treatment plant and send flow to the Cedar Creek wastewater treatment plant. This project is in the current five (5) year capital plan with an estimated elimination of Chenoweth Hills pending completion of the Billtown Road Interceptor Project.

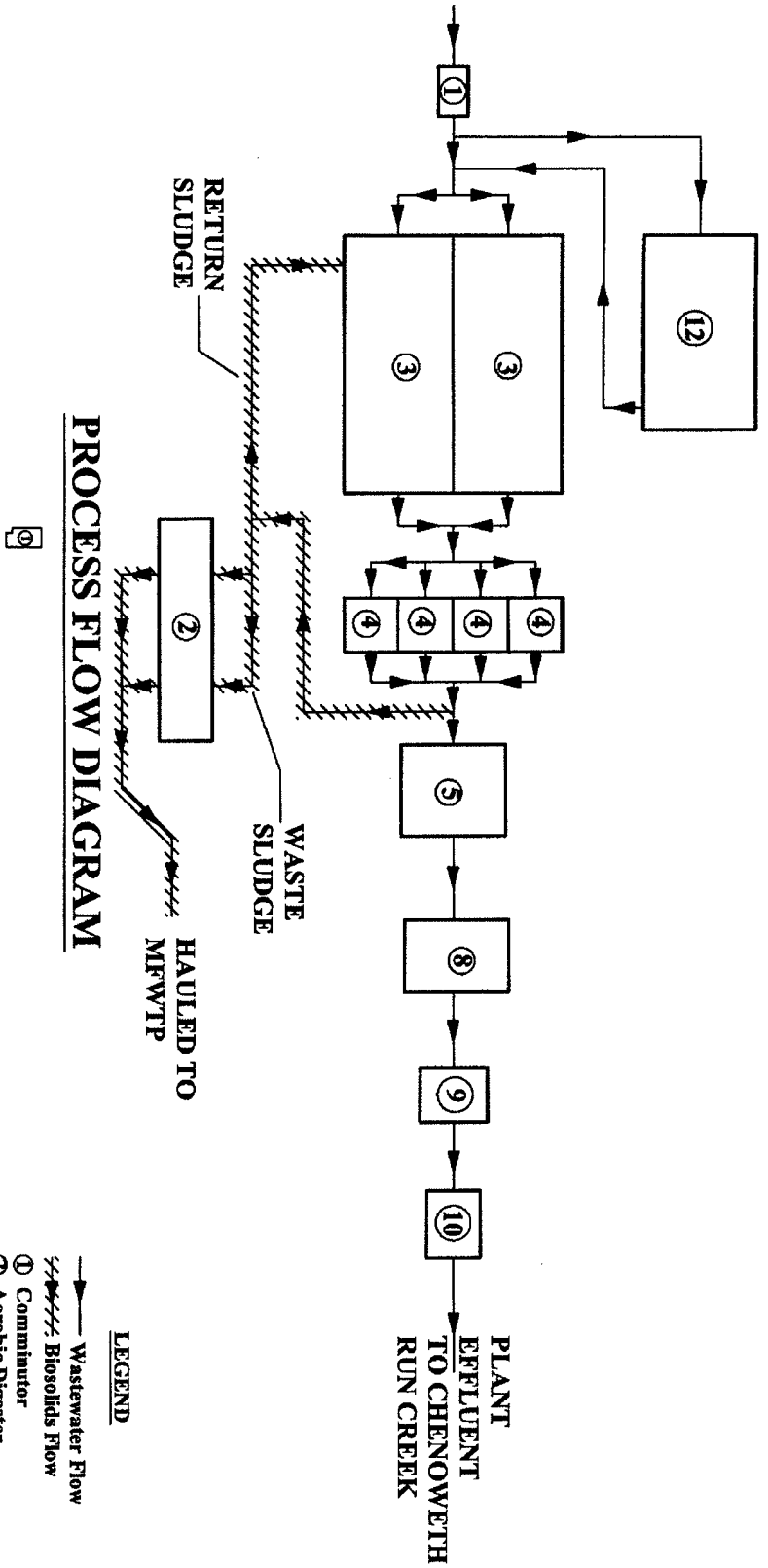
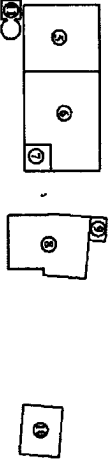
Reported Discharge values were compiled from DMR data, starting with August 2003 - July 2007.

The abbreviation N/R means Not Reported
 The abbreviation CBOD₅ means Carbonaceous Biochemical Oxygen Demand (5-day).
 * Daily Max



Louisville and Jefferson County
Metropolitan Sewer District
700 West Liberty Street
Louisville, Kentucky 40203-1913

WTP Site Key Map



- LEGEND**
- > Wastewater Flow
 - ////// Biosolids Flow
 - ① Comminutor
 - ② Aerobic Digester
 - ③ Aeration Tank
 - ④ Clarifier
 - ⑤ Micro Strainer
 - ⑥ Blower Room
 - ⑦ Chlorine Room
 - ⑧ Dechlorination Tank
 - ⑨ Effluent Lift Station
 - ⑩ Tertiary Lift Station
 - ⑪ Wet Weather Detention Tank
 - ⑫ Sludge Holding Tank

CHENOWETH HILLS WTP PROCESS FLOW PLAN

KPDDES #: KY 0029459

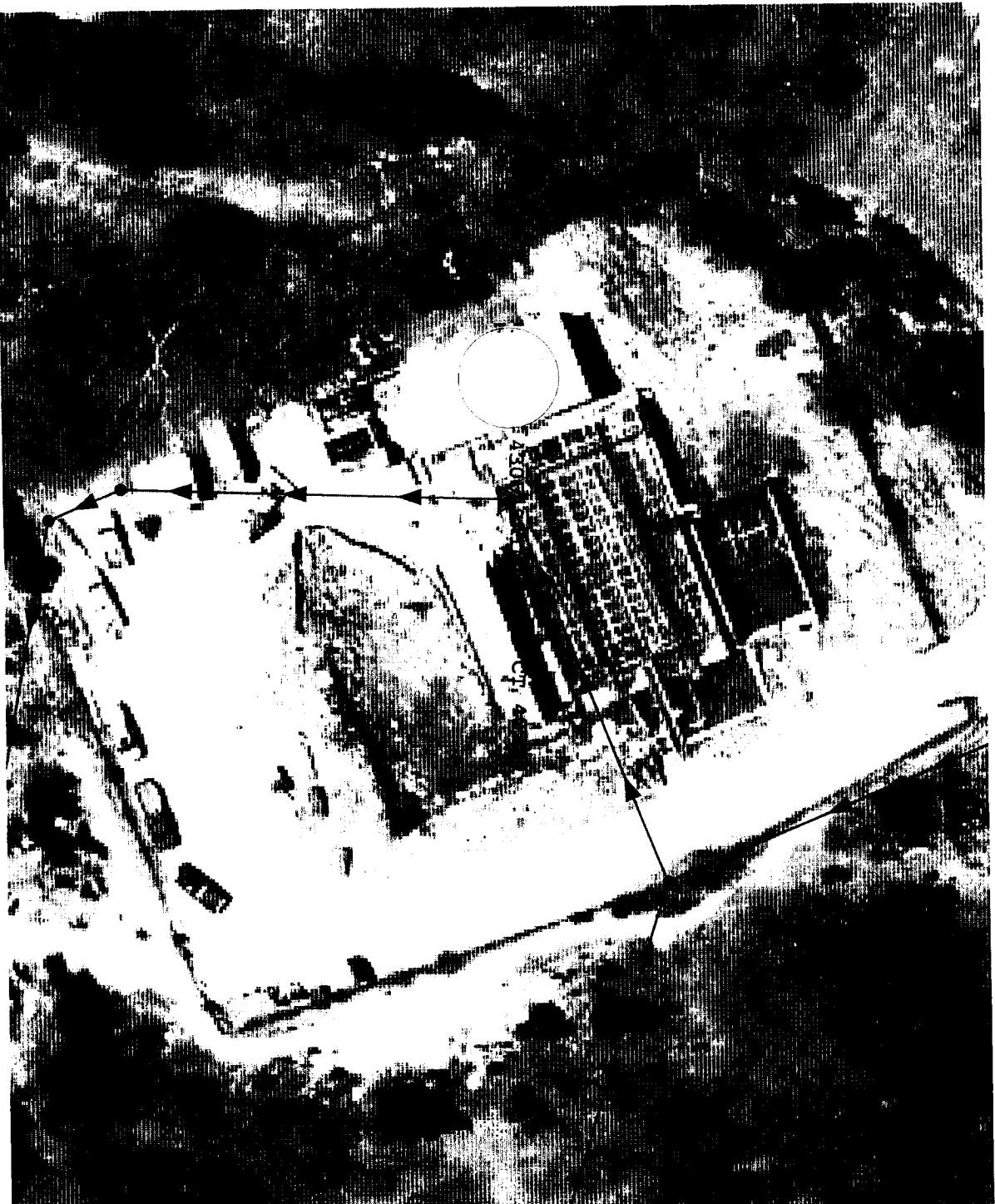
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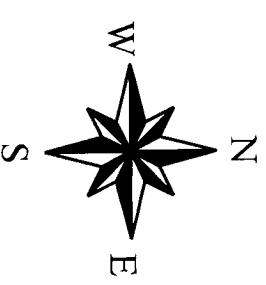
Date: 10/31/06

chenoweth hills wrp flow.dwg

KY0029459 Chenoweth Hills STP



- ★ Sample Locations
- Sewernd
- ▲ Sewer
- ▾ Drainage Lines
- ▾ Channels
- ▾ Pipes
- ▲ Treatment Plants
- Text Street Names
- ▾ Streams





MSD

*Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org*

October 30, 2007

Division of Water, KPDES Branch
ATTN: Ms. Sara Beard
14 Reilly Road, Frankfort Office Park
Frankfort, Kentucky 40601

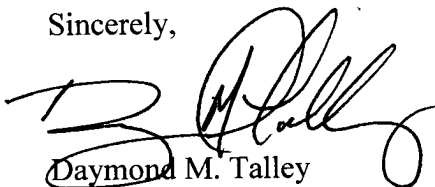
Subject: Application Form SC Section XII KPDES No. KY0029459
Chenoweth Hills Wastewater Treatment Plant

Dear Ms. Beard:

Enclosed is the completed Section XII of Form SC for Chenoweth Hills Wastewater Treatment Plant KPDES permit KY0029459. MSD request that Division of Water waive the requirements to test for Oil & Grease, Chemical Oxygen Demand, and Total Organic Carbon. Based on the influent wastewater received at this facility testing for these pollutants is not appropriate for the effluent. Temperature is taken during the sampling of pH but is not recorded on Discharge Monitoring Reports. During the reissuance of the permit for Chenoweth Hills MSD will implement procedures to capture winter and summer temperature readings.

If you have any questions please contact me at (502) 540-6980 or at talley@msdlouky.org.

Sincerely,



Daymond M. Talley
Regulatory Engineer

DMT/dmt

cc:	D. Guthrie	A. Akridge
	D. Thomasson	D. Talley
	J. Porter	M. Jenkins
	R. Shaw (eB)	



*Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com*



MSD

*Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org*

August 23, 2007

Vickie L. Prather, Acting Supervisor
Division of Water
Inventory and Data Management Section
KPDES Branch
14 Reilly Road
Frankfort, Kentucky 40601

Subject: Renewal Application KPDES No. KY0029459
Chenoweth Hills Wastewater Treatment Plant

Dear Ms. Prather:

Enclosed are the completed applications (Form 1 and Form SC) for the renewal of
Chenoweth Hills Wastewater Treatment Plant KPDES permit KY0029459.

If you have any questions please contact Daymond Talley at (502) 540-6980 or at
talley@msdlouky.org.

Sincerely,

for Herbert J. Schardein, Jr.
Executive Director

HJS/dmt

cc:	D. Guthrie	A. Akridge
	D. Thomasson	D. Talley
	J. Porter	M. Jenkins
	R. Shaw (eB)	



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www.louisvillegreen.com*



ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

14 REILLY ROAD

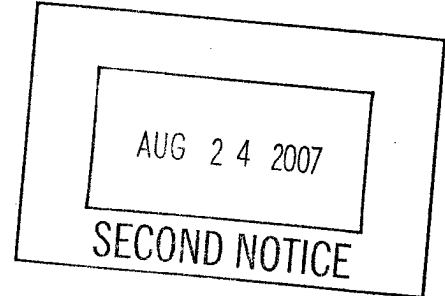
FRANKFORT, KENTUCKY 40601

www.kentucky.gov

TERESA J. HILL
SECRETARY

July 30, 2007

Mr. Daymond Talley
Lou/Jefferson Co. MSD
700 West Liberty Street
Louisville, Kentucky 40203-1913



RE: KPDES No. KY0029459
Chenoweth Hills Wastewater Treatment Plant
Jefferson County, Kentucky

Dear Mr. Talley:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on February 29, 2008. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is September 5, 2007.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

Ann S Workman

for

Vickie L. Prather, Acting Supervisor
Inventory and Data Management Section
KPDES Branch
Division of Water

VLP:ASW:asw

Enclosures

C: Louisville Regional Office
Division of Water Files



ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

14 REILLY ROAD

FRANKFORT, KENTUCKY 40601-1190

www.kentucky.gov

TERESA J. HILL
SECRETARY

November 29, 2007

Daymond Talley
Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville, KY 40203

Re: KPDES Application Complete
KPDES No.: KY0029459
Chenoweth Hills WWTP
AI ID: 1992
Activity ID: APE20070001
Jefferson County, Kentucky

Dear Mr. Talley,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on November 2, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 590.

Sincerely,

A handwritten signature in cursive script that reads "Sara Beard".

Sara Beard
Environmental Engineer Assistant III
KPDES Branch
Division of Water

SJB

Enclosures

c: Louisville Regional Office
Division of Water Files